

## **MISSISSIPPI MILITARY FUNERAL HONORS REQUEST FORM**

### **ATTENTION FUNERAL DIRECTORS**

Please complete by PRINTING LEGIBLY or TYPING this request form and **fax it to the Fort Polk Casualty Assistance Center**. You must also confirm telephonically receipt of your request and provide any further coordinating instructions. Please include in your fax a copy of the veteran's DD 214 and/or discharge papers, or any other documents providing proof of military service. If requesting service for 100% disabled Soldiers due to a service-related condition, a copy of VA rating paperwork is required. NO REQUEST WILL BE HONORED WHEN REQUESTED BY TELEPHONE CALL. NORMAL BUSINESS HOURS: MONDAY THROUGH FRIDAY 8 AM to 4 PM. PHONE NUMBERS: 337-531-1292/1579/4391/6172 or 888-474-0377 and FAX # 337-531-1770. Weekend BUSINESS HOURS: 1 PM to 2 PM Sunday, and there is a representative available during that time to assist you. THE CASUALTY ASSISTANCE CENTER WILL BE CLOSED ON SATURDAYS UNTIL FURTHER NOTICE. IF WE DO NOT RECEIVE YOUR REQUEST BY 3:30 PM ON FRIDAY, IT WILL NOT BE HONORED FOR SATURDAY OR SUNDAY SERVICES.

Three-man Honors Teams will fold and present the American flag and play taps. Full Honors teams are provided for active duty, Medal of Honor recipients, retirees\* and veterans who are 100% service-connected disabled. ALL FUNERAL HONORS REQUESTS REQUIRE 48 HOURS NOTICE. FUNERAL HOMES MUST SUPPLY THE HONORS FLAG EXCEPT FOR ACTIVE DUTY SOLDIERS.

NAME OF DECEASED: \_\_\_\_\_ DOB: \_\_\_\_\_

STATUS OF DECEASED: Retires/Veteran/100% Disabled Veteran-svc related (circle one)

RANK: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE/TIME OF FUNERAL SERVICE: \_\_\_\_\_

DATE/TIME OF BURIAL: \_\_\_\_\_

LOCATION OF FUNERAL (include complete name, address & zip): \_\_\_\_\_

LOCATION OF BURIAL: (include complete name, address & zip): \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

HAS THE DECEASED ALREADY RECEIVED MILITARY FUNERAL HONORS? YES or NO (circle one) BURIAL FLAG? YES or NO (circle one)

DECEASED WILL BE CREAMATED AND IN URN: YES or NO (circle one)

NEXT OF KIN who will receive the flag, their relationship, complete address and phone number:

REQUESTING FUNERAL DIRECTOR (Name, Funeral Home, Address and Phone Number):

E-MAIL ADDRESS: \_\_\_\_\_

\* This request will be based on location of funeral and availability of the honors detail

**Form dated 2 Oct 2012 – All previous forms are obsolete**